09/14/2007 16:20

Image# 27990592920

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00147066 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2007 8 0 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 09 14 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering t	the Period: From:	0.1 0.007	To: 0 8 3 1 Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on H Janu	Y Y Y		35088.05
(b) Cash on H Begining of	Hand at of Reporting Period	21767.19	
(c) Total Rec	eipts (from Line 19)	28717.98	219880.78
(d) Subtotal (add lines 6(b) and		
	olumn A and Lines S(c) for Column B)	50485.17	254968.83
Total Disburse	ements (from Line 31)	30142.55	234626.21
Cash on Hand	at Close of		
Reporting Period (subtract Line 7	od 7 from Line 6(d))	20342.62	20342.62
Debts and Obli	igations owed TO		
the committee Schedule C an	(Itemize all on Ind/or Schedule D)	0.00	
. Debts and Obli	igations owed BY		
the committee Schedule C an	(Itemize all on ad/or Schedule D)	0.00	
X This Comr	mittee has qualified as a multicandid	ate committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

2007

3^D1

2007

0.00

219880.78

219880.78

0 8 M

0 1

м м 8 0

Write or Type Committee Name

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 11736.44 56772.43 (i) Itemized (use Schedule A) 4481.54 33108.35 (ii) Unitemized (iii) TOTAL (add 16217.98 89880.78 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 12500.00 130000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 28717.98 219880.78 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5)

0.00

28717.98

28717.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
٠.	Federal Candidates/Committeesand Other Political Committees	30142.55	227176.21
4.	Independent Expenditure		
_	(use Schedule E)	0.00	0.00
Э.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)		
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	7450.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30142.55	234626.2
2.	Total Federal Disbursements		
-	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	30142.55	234626.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28717.98	219880.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28717.98	219880.78
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/33
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit			
Full Name (Last, First, Middle Initial) A. Allianz Life Insurance Company PAC Mailing Address 591 Redwood Highway	#4000		Date of Receipt
City	0 8 0 6 2 0 0 7 Transaction ID: 21032244		
Mill Valley	CA	94941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0095109	2500.00
Name of Employer	Occupatio	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Ameritas Financial PAC			Date of Receipt
Mailing Address P.O. Box 81889	08 / 07 / 4 2007		
City	State	Zip Code	Transaction ID: 21032245
Lincoln	NE	68501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0187138	2500.00
Name of Employer	Occupatio	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2500.00	
Full Name (Last, First, Middle Initial) C. Union Central Life PAC			Date of Receipt
Mailing Address 1876 Waycross Road			08 07 7 2007
City	State	Zip Code	Transaction ID: 21032246
Cincinnati	OH	45240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0179010	2500.00
Name of Employer	Occupatio	n	
Receipt For:	Aggregate	e Year-to-Date ▼	_ [
Primary General Other (specify) ▼	0 0	2500.00	
SUBTOTAL of Receipts This Page (optional)			7500.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/33 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and State for for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Guardian Life PAC Mailing Address 7 Hanover Square		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10004	Transaction ID: 21093774 Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	12500.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	_	R LINE NUMBER: PAGE 8/33	
	EMIZED RECEIPTS		or each category of the		eck only one)	
II EMIZED RECEIPTS			Detailed Summary Page		11a 11b 11c 12	
			, ,		13 14 15 16 1	7
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the national state of the stat	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for th solicit (ne purpose of soliciting contributions contributions from such committee.	
	NAME OF COMMITTEE (In Full)					
\rangle	American Council of Life Insurers Politic	al Action (Committee			
Α.	Full Name (Last, First, Middle Initial) Ms. JoAnn M. Martin				Date of Receipt	
	Mailing Address 6221 Andrew Court		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Ti	ransaction ID: 21032248	
	Lincoln	NE	68512-1904		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			700.00	
	Name of Employer Ameritas Life Insurance Corp.	Occupation Presiden	n t & Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General		700,00			
	Other (specify) ▼		700.00			
В.	Full Name (Last, First, Middle Initial) Mr. Lawrence J. Arth		Date of Receipt			
	Mailing Address 1301 Evergreen Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Ti	ransaction ID: 21032249	
	Lincoln	NE	68510-4138		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer UNIFI Companies	Occupation Chairman	n n of the Board, President & C	EO EO		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General					
	Other (specify)	0 0	500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert G. Lange				Date of Receipt	
	Mailing Address 1859 Pershing Road				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Ti	ransaction ID: 21032251	
	Lincoln	NE	68502-4840		Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C			300.00	
	Name of Employer Ameritas Life Insurance Corp.	Occupation Vice Pres	n sident & General Counsel			
	Receipt For:		Year-to-Date ▼			
	Primary General		200.00			
	Other (specify) ▼		300.00			
	LIPTOTAL of Descipto This Page (action 1)				1500.00	1
L	UBTOTAL of Receipts This Page (optional)		······			4

TOTAL This Period (last page this line number only)

	atemente may n		13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit	ical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Mr. Rick D. Riley Mailing Address 5602 Painted Valley Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Citizens Insurance Company of America Receipt For:	State TX C Occupation Chr of the I	Zip Code 78759-5526 Bd, President & CEO //ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initial) Ms. Gail E. Lataille Mailing Address 256 Stanley Drive City Glastonbury FEC ID number of contributing federal political committee. Name of Employer VantisLife Insurance Company Receipt For: Primary General Other (specify)	1100 1 10010	Zip Code 06033-2622 dent and Controller /ear-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 21097683 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Scott E. Smith Mailing Address 19 Cardinal Way City South Windsor FEC ID number of contributing federal political committee. Name of Employer VantisLife Insurance Company Receipt For: Primary General		Zip Code 06074-3745 e President & COO /ear-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 21182934 Amount of Each Receipt this Period 250.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of the content of the conte		250.00	3000.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 33
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Council of Life Insurers Polit	ical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. Paul E. Petry			Date of Receipt
	Mailing Address P.O. Box 738			08 16 2007
	City	State	Zip Code	Transaction ID: 21230232
	Osterville	MA	02655-0738	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1200.00
	Name of Employer Boston Mutual Life Insura-	Occupation	n, President & CEO	
	nce Company Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		1200.00	
В.	Full Name (Last, First, Middle Initial) Sidney L. Harp, II			Date of Receipt
	Mailing Address P.O. Box 1383			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21267945
	Donaldsonville	LA	70346-1383	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Citizens Insurance Company of America	Vice Pres	sident, Home Service Market	tin <mark>g</mark>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			Detect Descript
C.	Mr Ray A. Riley Mailing Address 5910 Overlook Drive			Date of Receipt
				08 24 2007
	City	State	Zip Code	Transaction ID: 21273719
	Austin	TX	78731-4222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Frankrian	10		
	Name of Employer Citizens Insurance Company	Occupation EVP/CM0		
	of America Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregale	Toal-to-Date ▼	1
	Other (specify)		500.00	
			0 0 0 0 0 0 0	1
ء ا	UBTOTAL of Receipts This Page (optional)			2200.00
\vdash				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/33
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	Emiles ileven 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Ms Stacy Suire	Date of Receipt		
	Mailing Address 315 Abshire Drive			08 / 28 / 2007
	City	State	Zip Code	Transaction ID: 21276933
	Kaplan	LA	70548-2447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Citizens Insurance Company	Occupation	n Manager	
	of America Receipt For:		Year-to-Date ▼	-
	Primary General		050.00	
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Gustave Lescouflair			Date of Receipt
	Mailing Address 39 Ridgecrest Road			08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21276956
	Glastonbury	CT	06033-1666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer VantisLife Insurance Comp-	Occupation		
	any		ce President, CFO & Treasu	rer
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	N		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1120489711526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		88.66
	Name of Employer American Council of Life	Occupation	า	1
	Insurers	Senior Co		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		709.29	P/R Deduction (\$44.33 Sem- i-Monthly)
	Caron (opcony) 🔻	0 0		
SI	UBTOTAL of Receipts This Page (optional)		······	588.66
т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/33
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1156427111526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation CFO	n	
	Insurers Receipt For:		e Year-to-Date ▼	-
	Primary General	, iggi ogato	real to Bato V	D/D Doduction (\$50.00 Com
	Other (specify) ▼		800.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Ann B. Cammack	Date of Receipt		
•	Mailing Address 101 Constitution Ave, N	M M / D D / Y Y Y Y		
	Suite 700			
	City	Transaction ID: PR1333392911526		
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		255.20
	Name of Employer	Occupation	า	7
	American Council of Life Insurers		ce President, Tax and Retire	m e e e e e e e e e e e e e e e e e e e
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	0041.01	P/R Deduction (\$127.60 Se-
	Other (specify) ▼		2041.61	mi-Monthly)
Э.	Full Name (Last, First, Middle Initial) Jean-Francois Poulin			Date of Receipt
	Mailing Address 527 Bookbinder Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1415829611526
	Lansdale	PA	19446-4056	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer London Life Reinsurance	Occupation		
	Company	Executive	e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	P/R Deduction (\$20.00 Bi-
	Other (specify)		240.00	Weekly)
S	UBTOTAL of Receipts This Page (optional)			395.20
			·	
T	OTAL This Period (last page this line number or	າly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/33
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	ny information copied from such Reports and Stat	ements may	not be sold or used by any persor	for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politica	al Action (Committee	
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771358211526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С		270.34
	federal political committee.			270.54
	Name of Employer American Council of Life	Occupation	n	1
	Insurers		e Vice Pres & General Couns	е
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	2162.71	P/R Deduction (\$135.17 Semi-Monthly)
	cale. (epochly) 🗸		0 0 0 0 0 0 0	,
	Full Name (Last, First, Middle Initial)			
3.	Ms. Linda H. Cunningham	NIVAZ		Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR771362411526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer American Council of Life	Occupation		
	Insurers Receipt For:		sident, Conference Developm	ent T
	Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$50.00 Sem-
	Other (specify) ▼		800.00	i-Monthly)
) .	Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt
-•	Mailing Address 101 Constitution Ave, NV	V		M M / D D / Y Y Y Y
	Suite 700 West			
	City	State DC	Zip Code	Transaction ID: PR771365411526
	Washington		20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupation	2	-
	Name of Employer American Council of Life		n sident, Media Relations	
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General		320.00	P/R Deduction (\$20.00 Sem-
	Other (specify)		320.00	i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			410.34
	,			
T	OTAL This Period (last page this line number on	ly)	>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/33
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771369011526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.26
	Name of Employer American Council of Life	Occupation	1	
	American Council of Life Insurers	VP, Legis	slative & Regulatory Informati	i
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		376.43	P/R Deduction (\$25.13 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. J Bruce Ferguson			Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771373211526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		233.22
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ce President, State Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1865.77	P/R Deduction (\$116.61 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771373511526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		42.82
	Name of Employer American Council of Life	Occupation		
	Insurers		President, Public Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		342.55	P/R Deduction (\$21.41 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			326.30
T	OTAL This Period (last page this line number on	ıly)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 33			
		Use separate schedule(s) or each category of the	(check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
		Detailed Guillinary Fage	13 14 15 16 17			
Any information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions			
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Council of Life Insurers Politic	al Action (Committee				
Full Name (Last, First, Middle Initial)						
Mr. David M. Leifer			Date of Receipt			
Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y			
City	State	Zip Code	Transaction ID: PR771374011526			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	C		108.34			
Name of Employer American Council of Life	Occupation					
Insurers	Senior C	ounsel				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General		866.72	P/R Deduction (\$54.17 Sem- i-Monthly)			
Other (specify) ▼			i wontiny)			
Full Name (Last, First, Middle Initial)						
Mr. James D. Hall			Date of Receipt			
Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y			
City	State	Zip Code	Transaction ID: PR771374311526			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing		1 1 1 1 1	20.00			
federal political committee.	C		30.00			
Name of Employer	Occupation	n	-			
American Council of Life	Senior C					
Insurers Receipt For:		e Year-to-Date ▼	-			
Primary General	33 -3		P/R Deduction (\$15.00 Sem-			
Other (specify) ▼	1	240.00	i-Monthly)			
			•			
Full Name (Last, First, Middle Initial) 7. Mr. David R. Wentworth			Date of Receipt			
Mailing Address 101 Constitution Avenue	e. NW		M M / D D / Y Y Y Y			
Suite 700 West	,,					
City	State	Zip Code	Transaction ID: PR771376011526			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing	C		60.00			
federal political committee.			00.00			
Name of Employer American Council of Life	Occupation	n	7			
American Council of Life Insurers	Vice Pres	sident, Research				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General		480.00	P/R Deduction (\$30.00 Sem-			
Other (specify)		400.00	i-Monthly)			
SUBTOTAL of Receipts This Page (optional)		·····	198.34			
TOTAL This Period (last page this line number or	ılv)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/33			
	EMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Δn	y information copied from such Reports and State	ments may	not be sold or used by any person				
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to s	olicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	American Council of Life Insurers Politica	d Action (Committee				
Δ	Full Name (Last, First, Middle Initial) Mr. C Bryan Cox			Date of Receipt			
٠.	Mailing Address 101 Constitution Avenue,	NW		M M / D D / Y Y Y Y			
	Suite 700 West						
	City	State	Zip Code	Transaction ID: PR771376811526			
	Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		C		42.84			
	Name of Employer American Council of Life	Occupation	1	1			
	Insurers		Vice President				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)	' '	342.71	P/R Deduction (\$21.42 Sem- i-Monthly)			
		1 1		,,			
3.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt			
Mailing Address 101 Constitution Ave, NW		I		M M / D D / Y Y Y Y			
Suite 700 City State Washington DC							
		·		Transaction ID: PR771377111526			
		DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		C		200.00			
	American Council of Life	Occupation					
	Insurers	Regional Vice President, State Relatio					
	Receipt For: Primary General	Aggregate Year-to-Date ▼		D/D D 1 1 1 1 1 1 1 1 1			
	Other (specify)	' '	1600.00	P/R Deduction (\$100.00 Se- mi-Monthly)			
	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.			Date of Receipt			
	Mailing Address 101 Constitution Avenue, Suite 700 West	NW		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR771386411526			
	Washington	DC	20001-2133	Amount of Each Receipt this Period			
	FEC ID number of contributing			153.12			
	federal political committee.	C		133.12			
American Council of Life		Occupation]			
Insurers			Director, Reinsurance				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Deduction (\$70.50.6			
	Other (specify)		1224.97	P/R Deduction (\$76.56 Sem- i-Monthly)			
SI	JBTOTAL of Receipts This Page (optional)			395.96			
			<u> </u>				
T	OTAL This Period (last page this line number only	y)	>				

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17/33				
			Use separate schedule(s) or each category of the	(check only one)				
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Betailed Carrinally 1 age	13 14 15 16 17				
An	y information copied from such Reports and Stat	ements may	y not be sold or used by any persor	for the purpose of soliciting contributions				
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to s	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
\rangle	American Council of Life Insurers Politic	al Action (Committee					
	Full Name (Last, First, Middle Initial)							
۹.	Ms. Kimberly Dorgan			Date of Receipt				
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR771395111526				
	Washington	DC	20001-2133	Amount of Each Receipt this Period				
	FEC ID number of contributing			200.04				
	federal political committee.	C		326.04				
	Name of Employer American Council of Life	Occupation		7				
	Insurers		e Vice President, Federal Rela	1				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	' '	2608.32	P/R Deduction (\$163.02 Se- mi-Monthly)				
	Curior (openity)	0 0						
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt				
٥.	Mailing Address 10075 Red Run Bouleva	rd		M M / D D / Y Y Y Y				
	Walling Address 10075 Ned Hull Bodieva	iu		M M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR771402611526				
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period				
	FEC ID number of contributing			100.00				
	federal political committee.	C		100.00				
	Name of Employer	Occupation	 n	1				
	Baltimore Life Insurance Company	President						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General		050.00	P/R Deduction (\$50.00 Bi-				
	Other (specify) ▼	0 0	850.00	Weekly)				
	Full Name (Last, First, Middle Initial)							
Э.	Ms. Sheila M. Ziegler			Date of Receipt				
	Mailing Address 101 Constitution Ave, NV	V		M " M / D " D / Y " Y " Y " Y				
	Suite 700 City	State	Zip Code	Transaction ID: PR771412111526				
	Washington	DC	20001-2133	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		26.36				
	Name of Employer	Occupation	n	-				
	Name of Employer American Council of Life		Secretary, Office of the Gene					
	Insurers Receipt For:		Year-to-Date ▼	1				
	Primary General	33 -3		P/R Deduction (\$13.18 Sem-				
	Other (specify) ▼		210.89	i-Monthly)				
SI	JBTOTAL of Receipts This Page (optional)			452.40				
	22. 2 as incoopie into rage (optional)		>					
T	OTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Morris Goff Mailing Address 101 Constitution Avenue,	NW		Date of Receipt
	Suite 700 West City	State	Zip Code	Transaction ID: PR771419311526
Washington DC FEC ID number of contributing federal political committee.			20001-2133	Amount of Each Receipt this Period 79.98
	Name of Employer American Council of Life Insurers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n sident, Federal Relations e Year-to-Date ▼ 639.84	P/R Deduction (\$39.99 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Frank Keating Mailing Address 101 Constitution Avenue, Suite 700 West	NW		Date of Receipt
	Suite 700 West City	State	Zip Code	Transaction ID: PR771419711526
Washington DC FEC ID number of contributing federal political committee.			20001-2133	Amount of Each Receipt this Period 416.66
	Name of Employer American Council of Life Insurers Receipt For:	Occupation President Aggregate		
	Primary General Other (specify) ▼		3333.28	P/R Deduction (\$208.33 Semi-Monthly)
).	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt
	Mailing Address 101 Constitution Avenue, Suite 700 West	NW		M M / D D / Y Y Y Y
	City	State DC	Zip Code	Transaction ID: PR771419811526
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 416.66
	Name of Employer American Council of Life Insurers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Vice President & COO e Year-to-Date 3333.28	P/R Deduction (\$208.33 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)		·····	913.30
т.	OTAL This Period (last page this line number on	v)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/33
IT	EMIZED RECEIPTS	or each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 17 18 17 18 17 18 19 19 17 18 19 19 19 19 19 19 19
Aı	ny information copied from such Reports and Statements	s may not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the name an	d address of any political committee to s	solicit contributions from such committee.
$ \setminus $	NAME OF COMMITTEE (In Full)		
	American Council of Life Insurers Political Acti	ion Committee	
Α.	Full Name (Last, First, Middle Initial) Brenda Nation		Date of Receipt
Α.	Mailing Address 101 Constitution Avenue, NW		M M / D D / Y Y Y Y
	Suite 700 West		
	City Stat	e Zip Code	Transaction ID: PR771419911526
	Washington DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer American Council of Life	pation	†
	American Council of Life Insurers Senio	or Counsel	
		egate Year-to-Date ▼	1
	Primary General	800.00	P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	000.00	i-Monthly)
В.	Full Name (Last, First, Middle Initial) Ms. Nancy Smith		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City Stat	e Zip Code	Transaction ID: PR771420011526
	Washington DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer American Council of Life	pation	7
	Insurers	utive Assistant	
		egate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	P/R Deduction (\$15.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial)		Data of Danaire
C.	Mr. Daniel J. Mahoney Mailing Address 101 Constitution Avenue, NW		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		
	City Stat	'	Transaction ID: PR771420911526
	Washington DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		113.76
Receipt For: Aggregate \			7
		President, Communications	
		egate Year-to-Date ▼	
Primary General		910.07	P/R Deduction (\$56.88 Sem- i-Monthly)
	Other (specify) ▼		i-Monuny)
s	SUBTOTAL of Receipts This Page (optional)		243.76
	OTAL This Period (last page this line number only)	>	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 33			
	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	X 11a 11b 11c 12 17 18 17 18 17 18 19 19 17 18 19 19 19 19 19 19 19			
Δr	ny information copied from such Reports and Sta	tements may	not he sold or used by any persor				
or	for commercial purposes, other than using the na	ame and ado	dress of any political committee to s	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	American Council of Life Insurers Politic	al Action C	Committee				
A.	Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt			
	Mailing Address 101 Constitution Avenue Suite 700 West			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR771421011526			
	Washington DC		20001-2133	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer American Council of Life Insurers	Occupation Senior Co	n ounsel & Director, Southern F	- R e			
	Receipt For:		Year-to-Date ▼	1			
	Primary General		800.00	P/R Deduction (\$50.00 Sem-			
	Other (specify)		000.00	i-Monthly)			
В.	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt			
	Mailing Address 101 Constitution Ave, NW Suite 700 West			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR771422911526			
	Washington	DC	20001-2133	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		59.38			
	Name of Employer American Council of Life	Occupation PAC Dire					
	Insurers Receipt For:		e Year-to-Date ▼	+			
	Primary General	1.55.15		P/R Deduction (\$29.69 Sem-			
	Other (specify) ▼		461.91	i-Monthly)			
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt			
	Mailing Address 101 Constitution Avenue Suite 700	, NW		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR771423211526			
	Washington	DC	20001-2133	Amount of Each Receipt this Period			
	incarore			80.00			
			n e General Counsel, Litigation	1			
			e Year-to-Date ▼	1			
Primary General			640.00	P/R Deduction (\$40.00 Sem-			
	Other (specify) ▼		040.00	i-Monthly)			
s	UBTOTAL of Receipts This Page (optional)			239.38			
\vdash	OTAL This Period (last page this line number or	•					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 33
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, N' Suite 700	W		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428711526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		110.42
	Name of Employer American Council of Life Insurers	Occupation Senior Le	n egislative Director	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	850.84	P/R Deduction (\$55.21 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700 West				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428811526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.50
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ce President, Federal Relatio	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		940.00	P/R Deduction (\$58.75 Sem- i-Monthly)
 C.	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt
	Mailing Address 101 Constitution Ave, N' Suite 700	W		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428911526
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		171.26
	Name of Employer American Council of Life Insurers	Occupation Sr. Vice I	n President and Corp Sec.	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1370.07	P/R Deduction (\$85.63 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			399.18
т.	OTAL This Period (last page this line number or	nlv)		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/33
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and	Statements ma	y not be sold or used by any person	
or for commercial purposes, other than using th	e name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) 1. Alane R. Dent			Date of Receipt
Mailing Address 101 Constitution Ave,	NW		M " M / D " D / Y " Y " Y " Y
Suite 700 City	State	Zip Code	Transaction ID: PR771444311526
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			48.80
Name of Employer American Council of Life	Occupatio		-
Insurers Receipt For:		sident, Federal Relations e Year-to-Date ▼	_
Primary General	riggrogati		P/R Deduction (\$24.40 Sem-
Other (specify) ▼	0 0	390.40	i-Monthly)
Full Name (Last, First, Middle Initial) T Scott Dixon	•		Date of Receipt
Mailing Address 101 Constitution Avenue NW Suite 700 West			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771444911526
Washington D		20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Council of Life	Occupatio		
Insurers	Controlle		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$20.00 Som
Other (specify) ▼	0 0	320.00	P/R Deduction (\$20.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) 7. Mr. Andrew Melnyk	•		Date of Receipt
Mailing Address 101 Constitution Aver Suite 700	nue NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771445811526
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.16
Name of Employer American Council of Life Occupation			
Insurers		Research	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Doduction (\$14.09 Som
Other (specify) ▼		225.29	P/R Deduction (\$14.08 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional) .		>	116.96
TOTAL This Period (last page this line numbe	r only)	>	

TTEMIZED RECEIPTS Designed Summary Prage Check category of the part of the contribution of contributions or category of the part of the commercial purposes, other than using the name and address of any political committee of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)	S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 33				
Any information copied from such Reports and Statements may not be add or used by any preson for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Any information copied from such Reports and Statements may not be add or used by any preson for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Any information copied from such Reports and Statements may not be address of any political committee.		· · · · · · · · · · · · · · · · · · ·		or each category of the					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes. Other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)	•			Detailed Summary Page					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Council of Life Insurers Political Action Committee	Aı	ny information copied from such Reports and State	ements may	not be sold or used by any perso					
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A.	Full Name (Last, First, Middle Initial) Mrs Monica M Hainer			Date of Receipt				
	Mailing Address 130 Wentworth Drive			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR798114411526				
	<u>Lansdale</u> PA		19446-1671	Amount of Each Receipt this Period				
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	Mailing Address 101 Constitution Ave, NW Suite 700	<i>I</i>		M M / D D / Y Y Y Y				
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<u> </u>	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman			Date of Receipt				
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\rangle	American Council of Life Insurers Political	Action Committee												
Α.	Full Name (Last, First, Middle Initial) Klein For Congress								on ID:		18321	14		
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	City Washington	State Zip Code DC 20002					Amou	int o	f Each	Disl	burser	nent	this I	Period
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В.	Windows Catering Company							of Di	isburs		nt / Y	Y	Y	Y
	Mailing Address 5724 General Washington	on Drive					0 8		1	1 6		2	o ŏ	7
	City Alexandria	State Zip Code VA 22312					Amou	int o	f Each	n Disl	burser			-
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	Candidate Name John Larson		Ca	ate	gory/ pe									
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C.	,						Date	of D	isburs	emer			· \/ ·	V
	Mailing Address 201 N. Union Street						8 ^M 0	М	/ D 1	I 6	′ _	ž	0 ŏ 7	7 1
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Lucas for Congress				_	ate of	Disburse		v • v	V .	V	
Mailing Address Post Office Box 1726 Post Office Box 1726					0 8	1	6 / C	2	0 ŏ 7		
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Candidate Name Frank Lucas		Cate Typ									
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President State: OK District: 3	Other (specify)										
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3. Martinez For Senate				D	ate of	Disburse					
Mailing Address 610 South Boulevard					8 8	/ D	6	ž	0 0 7	Y	
City Tampa	State Zip Code FL 33606			A	mount	of Each	Disburse	emen	t this P	erio	t
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Candidate Name Sen. Mel Martinez		Cate	gory/								
Office Sought: House X Senate President State: FL District: 2	rsement For: 2010 X Primary General Other (specify)										
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Buck McKeon For Congress						Disburse	211881 ement			V	
Mailing Address 24265 San Fernando I	Road				0 8	1	6	2	0 0 7		
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Candidate Name Rep. Howard McKeon		01 Cate Typ	gory/								
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American Council of Life Insurers Political	Action Committee									
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Richard E. Neal for Congress Committee				Disburseme			·			
Mailing Address P.O. Box 15906			08	1 6	/ <u> </u> 2	0 0 7				
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Candidate Name Richard Neal		Category/ Type								
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Pascrell For Congress Inc.		Date of D	Disburseme			v				
Mailing Address 38 Ivy Street, SE			08 7 16 7 2007							
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Candidate Name Rep. William Pascrell, Jr.		Category/ Type								
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	Primary General									
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Full Name (Last, First, Middle Initial)				ion ID: 21						
Jim Ramstad Volunteer Committee			Date of D	Disburseme			v			
Mailing Address 1809 Plymouth Road Sou	th #310B		0 8	1 6	/ <u> </u> 2	0 Ď 7				
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Candidate Name Jim Ramstad		Category/ Type								
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Full Name (Last, First, Middle Initial)				Trans	action	n ID: 2	212841	154			
American Council of Life Insurers					of Disk			v v	V .	V	
Mailing Address 101 Constitution Ave, NV Suite 700	I			0 ^M 8	,	2 9	9 ′	2	0 ŏ 7		
	State Zip Code DC 20001			Amou	nt of E	Each [Disburs	ement	this P	eriod	_
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Candidate Name Thomas Reynolds		Categor Type	y/ 								
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Full Name (Last, First, Middle Initial)				Trans	action	n ID: 2	211831	195			
Pat Roberts For Senate		Date o	of Disk		ment		_ Y _	Υ			
Mailing Address 228 South Washington S Suite B-20				0 8					0 ŏ 7		
City Alexandria	State Zip Code VA 22314			Amou	nt of E	Each [Disburs	ement	this P	eriod	-
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Candidate Name Sen. Pat Roberts		Categor Type	y/								
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Mailing Address PO Box 1909				0 ^M 8	M /	^D 1 (6 /	ž	0 ŏ 7	Y	
City Charleston	State Zip Code WV 25327			Amou	nt of E	Each [Disburs	ement	this P	eriod	
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Candidate Name John Rockefeller		011 Categor Type	y/								
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	Full Name (Last, First, Middle Initial)				Transaction ID: 21185771
۹.	Dave Wu For Us Congress				Date of Disbursement
	Mailing Address 818 Sw Third Ave.	#1182			08
	City Portland	State OR	Zip Code 97204		Amount of Each Disbursement this Period
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